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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

OR

Attorney Docket Number	10602/35345
First Named Inventor	MALME, et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	TBA
Filing Date	
Group Art Unit	TBA
Examiner Name	TBA

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System and Methods for Aggregation and Liquidation of Curtailment Energy Resources

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)   as United States Application Number or PCT International

Application Number TBA and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

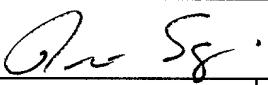
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24728

PATENT - TRADEMARK OFFICE

## DECLARATION — Utility or Design Patent Application

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<p style="margin: 0;">Name <b>Brian J. Anderson</b></p> <p style="margin: 0;">Address</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">City</td> <td style="width: 25%;">State</td> <td style="width: 25%;">ZIP</td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> </tr> </table>						City	State	ZIP	Country	Telephone	Fax
City	State	ZIP									
Country	Telephone	Fax									
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>											
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])		Ross		Family Name or Surname Malme							
Inventor's Signature				Date							
Residence: City Atlanta		State GA	US Country	Citizenship US							
Mailing Address <b>3644 Chelsea Crescent, NE</b>											
City Atlanta		State GA	ZIP 30319	US Country							
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])		Peter C.		Family Name or Surname Scarpelli							
Inventor's Signature 				Date <b>9-16-2001</b>							
Residence: City Chicago		State IL	US Country	US Citizenship							
Mailing Address <b>575 West Madison, #3410</b>											
City Chicago		State IL	ZIP 60661	US Country							
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.											

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<b>First Named Inventor</b>		MALME, et al.
<b>COMPLETE IF KNOWN</b>		
Application Number		TBA
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Group Art Unit		TBA
Examiner Name		TBA

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(Title of the Invention)

the specification of which

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Brian J. Anderson

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :  A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])

Ross

Family Name  
or Surname

Malme

Inventor's  
Signature*Ross Malme*Date 9/14/01

Residence: City

Atlanta

State

GA

US  
Country

Citizenship US

Mailing Address

3644 Chelsea Crescent, NE

City

Atlanta

State

GA

ZIP

30319

Country

US

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])

Peter C.

Family Name  
or Surname

Scarpelli

Inventor's  
Signature

Date

Residence: City

Chicago

State

IL

US  
Country

US

Citizenship

Mailing Address 575 West Madison, #3410

City

Chicago

State

IL

ZIP

60661

US

Country

Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

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Group Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	10602/35345

I hereby appoint:

Practitioners at Customer Number

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OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name

Ross Malme

Signature

Ross Malme

Date

9/14/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of **1/2** forms are submitted.

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PTO/SB/81 (02-01)

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Attorney Docket Number	10602/35345

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<input type="checkbox"/> Firm or Individual Name	
Address	
Address	
City	State
Country	Zip
Telephone	Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Peter C. Scarpelli
Signature	<i>Peter C. Scarpelli</i>
Date	9-16-2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 2/2 forms are submitted.

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